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Debtor 1   Trins   S.   Upchurch   First Name   Middle Name   Leas Name   A supplement showing pospetition   A supplement   A supplement showing pospetition   A supplement showing pospetition	G	ill in this inforn	nation to ide	entify	your case:			Cho	ok if this	ic	
Chapter 13 expenses as of the following date:   MM / DD / YYYY		Debtor 1							An ame	ended filing	g postpetition
Unlied States Bankruptey Court for the: EASTERN DIST. OF PENNSYLVANIA Case number 19-11701MDC13 (if known) Official Form 106J  Schedule J: Your Expenses  12/15  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Your Household  1. Is this a joint case?  No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?  No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?  No can tilist Debtor 1 and Debtor 2.  Do not list Debtor 1 and Debtor 2.  Do not list Debtor 1 and Debtor 2.  Do not state the dependents' names.  Do not state the dependents' names.  Do not state the dependents' names.  Do you're expenses include expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of or a date after the bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of or a date after the bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filling form to filling form to fill the policibility of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the			First Name		Middle Name	Last N	ame	-			as of the
Case number (if known)    19-11701MDC13				tha:							
Official Form 106J  Schedule J: Your Expenses  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Your Household  1. Is this a joint case?    No. Go to line 2.   Yes. Debtor 2 live in a separate household?   No		Case number				. OI I LIN	—		MM / D	D / YYYY	
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No. Go to line 2.    Yes. Does Debtor 2 live in a separate household?   No	nai	rrect information. me and case numb	If more space i er (if known).	s nee Answ	ded, attach anothe er every question.	r sheet to					
No. Go to line 2.    Yes. Does Debtor 2 live in a separate household?   No	1.	Is this a joint cas	se?								
Debtor 2.  Do not state the dependents' names.  Daughter 6	2.	✓ No. Go to lir  ✓ Yes. Does I  ✓ No.  ✓ Yes. Does I  ✓ Oo you have dep	ne 2.  Debtor 2 live in  s. Debtor 2 mu  nendents?	st file □ 1	Official Form 106J- No Yes. Fill out this info	ormation	Dependent's relat	ionshi		Dependent's	
Do not state the dependents' names.    Yes   No   Yes			.o.c. rana	f	for each dependent						
3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence.			lependents'								No Yes No Yes No Yes No Yes
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Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$245.00					•	•				Your expen	ses
4a. Real estate taxes4a.4b. Property, homeowner's, or renter's insurance4b.4c. Home maintenance, repair, and upkeep expenses4c.	4.	Include first mortgage payments and any rent for the ground or lot.							2	4	\$461.00
4b. Property, homeowner's, or renter's insurance  4b.  4c. Home maintenance, repair, and upkeep expenses  4c. \$245.00										12	
4c. Home maintenance, repair, and upkeep expenses 4c. \$245.00				ontor!-	incurance						
											¢245.00
			•								<b>⊅</b> 245.00

6a. Ele 6b. Wa 6c. Te cal 6d. Ott Food at Childca Clothin	enal mortgage payments for your residence, such as home equity loans s: ectricity, heat, natural gas ater, sewer, garbage collection elephone, cell phone, Internet, satellite, and ble services her. Specify:  Ind housekeeping supplies	5 6a 6b 6c	\$388.00 \$95.00 \$325.00
6a. Ele 6b. Wa 6c. Te cal 6d. Ott Food at Childca Clothin	ectricity, heat, natural gas ater, sewer, garbage collection elephone, cell phone, Internet, satellite, and ble services her. Specify:	6a 6b 6c	\$95.00
6a. Ele 6b. Wa 6c. Te cal 6d. Otl Food al . Childca	ectricity, heat, natural gas ater, sewer, garbage collection elephone, cell phone, Internet, satellite, and ble services her. Specify:	6b 6c	\$95.00
6b. Wa 6c. Te cal 6d. Otl Food at Childca Clothin	ater, sewer, garbage collection elephone, cell phone, Internet, satellite, and ble services her. Specify:	6b 6c	\$95.00
6c. Te cal 6d. Otl Food al Childca	elephone, cell phone, Internet, satellite, and ble services her. Specify:	6c	
cal 6d. Otl Food al Childca Clothin	ble services her. Specify:	_	\$325.00
. Food and . Childcan		6d.	
. Childca	nd housekeeping supplies		
. Clothin		7	\$850.00
	are and children's education costs	8	\$350.00
0. Person	g, laundry, and dry cleaning	9.	\$94.00
	al care products and services	10	\$75.00
1. Medica	and dental expenses	11	\$150.00
	ortation. Include gas, maintenance, bus or train ont include car payments.	12	\$200.00
	ninment, clubs, recreation, newspapers, ines, and books	13	\$20.00
4. Charita	ble contributions and religious donations	14	\$50.00
5. Insuran Do not i	nce. include insurance deducted from your pay or included in lines 4 or 20.		
15a. L	ife insurance	15a	
15b. F	Health insurance	15b	
15c. V	/ehicle insurance	15c	
15d. C	Other insurance. Specify:	15d.	
6. Taxes. Specify	, , ,	16	
7. Installn	nent or lease payments:		
17a. C	Car payments for Vehicle 1	17a	
17b. C	Car payments for Vehicle 2	17b	
17c. C	Other. Specify:	17c	
17d. C	Other. Specify:	17d	
	ayments of alimony, maintenance, and support that you did not report as ed from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18	
9. Other p	payments you make to support others who do not live with you.		

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Debtor 1		Trina S. Upchurch	Case number (if known)	19-11701MDC13	
20.		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.			
	20a.	Mortgages on other property	20a		
	20b.	Real estate taxes	20b		
	20c.	Property, homeowner's, or renter's insurance	20c		
	20d.	Maintenance, repair, and upkeep expenses	20d		
	20e.	Homeowner's association or condominium dues	20e		
21.	Other	Other. Specify:			
22.	Calcu	ulate your monthly expenses.	_		
	22a.	Add lines 4 through 21.	22a	\$3,303.00	
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b		
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$3,303.00	
23.	Calcu	ulate your monthly net income.			
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$3,590.00	
	23b.	Copy your monthly expenses from line 22c above.	23b. <b>_</b> _	\$3,303.00	
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$287.00	
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you fi	le this form?		
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?					
	1	No.			
		Yes. Explain here: None.			
		None.			